

FITZPATRICK, CELLA, HARPER & SCINTO

30 Rockefeller Plaza
New York, NY 10112-3801
(212) 218-2100

Facsimile: (212) 218-2200

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FACSIMILE COVER SHEET

MAR 7 2003

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TO: EXAMINER S. ROY - GAU 2879
PATENT AND TRADEMARK OFFICE

FROM: Frank A. DeLucia

RE: U.S. Patent Appln. No. 09/413,774
Our File No. 03500.014055.

FAX NO.: 703- 308-7382

DATE: March 7, 2003 **NO. OF PAGES:** 36
(including cover page)

TIME: **SENT BY:**

MESSAGE

In accordance with our telephone conversation today, attached are courtesy copies of:

1. Amendment And Response To Office Action, transmittal, and postcard evidencing the filing of the Amendment on February 19, 2003; and
2. Supplemental Amendment, transmittal, and postcard evidencing the filing of the Supplemental Amendment on March 6, 2003.

**IF YOU DO NOT RECEIVE ALL THE PAGES
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Commissioner for Patents
Washington, D.C. 20231

Date 2/19/03
Mo. Day Yr.
Atty. Docket 63800-214055
Application No. 21/413 774

Sir: Kindly acknowledge receipt of the accompanying:

- ☒ Response to Official Action. 11-18-02
- ☒ Check for \$ 1692.00 (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ _____
- ☐ Notice of Appeal and Check for \$ _____
- ☐ Information Disclosure Statement, PTO-1449 and _____ documents
- ☐ Claim for priority and certified copies of _____ priority applications
- ☐ Issue fee transmittal and Check for \$ _____
- ☐ Other (specify) _____

by placing your receiving date stamp hereon and mailing or returning to deliverer.

Atty. FAD/mw

Due Date 2/18/03
Mo. Day Yr.

37 CFR 1.8 ☒
37 CFR 1.10 ☐
By Hand ☐



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FORM B-100

In re Application of:

Docket No. 03500.014055

NOBUHIRO ITO ET AL.

Application No.: 09/413,774

Examiner: S. Roy

Filed: October 7, 1999

Group Art Unit: 2879

For: ELECTRON BEAM APPARATUS AND SPACER

Date: February 19, 2003

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

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☐ No additional fee is required.

MAR - 7 2003

The fee has been calculated as shown below

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CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 131	MINUS	** 107	24	x \$9 \$18	\$432.00
INDEP. CLAIMS	* 30	MINUS	*** 15	15	x \$42 \$84	\$1260.00
Fee for Multiple Dependent claims \$140°/\$280						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$1692.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

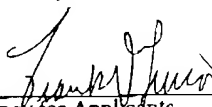
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☒ A check in the amount of \$ 1692.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a ____- month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Registration No. 92,476

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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